

EMPLOYER REPRESENTATIVE AUTHORIZATION

YOUR REQUEST WILL BE **DENIED** IF ANY ITEM IS INCOMPLETE

1. KS UI Tax Account Number _____
2. Employer Name _____
3. Physical Address of Business in **KANSAS**. If no physical address, store front or business location exists in **KANSAS**, you must indicate **where in KANSAS** you have workers performing a service. Do **NOT** use a Post Office Box Number.

☐ Business Location ☐ Job Site ☐ Sales Representative Residence

☐ Other (explain) _____

ADDRESS (Do **NOT** use PO Box Number) _____ CITY _____ STATE _____ ZIP _____

4. Indicate the representative retained to represent you _____

Indicate which Kansas Unemployment Insurance reports you have delegated the authority to receive. Provide the mailing address for the delegated reports.

☐ **A Employer's Quarterly Wage Report and Unemployment Tax Return, K-CNS 100**

Name _____

Address _____

City, State, ZIP+4 _____

☐ **B Annual Experience Rating Notice, K-CNS 404, & Annual Notice of Benefit Charges, K-CNS 403**

Name _____

Address _____

City, State, ZIP+4 _____

☐ **C Last Employer, Base Period and all other Benefit and Appeal Claim Notices**

Name _____

Address _____

City, State, ZIP+4 _____

5. Sign & Date

Owner, Partner, Corporate Officer, LLC Member/Manager

MM-DD-YYYY

e-mail

Telephone

Sign and return the completed report to:

Telephone 785-296-5027
Fax 785-291-3425
e-mail uitax@dol.ks.gov

Liability Determinations
Kansas Dept of Labor
401 SW Topeka Blvd
Topeka KS 66603-3182